

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018723

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 2000Registrar's No. 779

FILED MAY 21 1962

## 1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Springfield

Length of stay in 1b  
50 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Greene

c. CITY  
OR TOWN

Springfield

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

D.O.A. Burge-Brot. Hos

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

2305 N. Broadway

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Lillian

Middle

Tyruman

Last

Thomas

4. DATE OF DEATH

Month

Day

Year

May

14

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6-10-1905

## 9. AGE (last birthday)

56

## IF UNDER 1 YEAR

## IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Fireman

## 10b. KIND OF BUSINESS OR INDUSTRY

City

## 11. BIRTHPLACE (City and state or country)

Clinton, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Samuel White Thomas

## 13b. MOTHER'S MAIDEN NAME

Maggie Hurst

## 14. NAME OF HUSBAND OR WIFE

Ellen Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, No or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Mrs. Bill Brown, Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Presumed to be natural causes

INTERVAL BETWEEN  
ONSET AND DEATH

Sudden

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

UNATTENDED BY A PHYSICIAN

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Deceased was a fireman and was at work job.

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

Fellow employees state he had made no mention of being sick or complained. Just had a sudden attack and was DOA

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

When ambulance got him to the hospital

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Greene County Health Officer, Springfield, Mo

## 22c. DATE SIGNED

5-16-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

5-16-1962

## 23c. NAME OF CEMETERY OR CREMATORY

White Chapel Cemetery

## 23d. LOCATION (City, town, or county)

Springfield

## (State)

Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Rex Rainey, Springfield, Mo.

## 25. DATE RECD. BY LOCAL REG.

5-17-62

## 26. REGISTRAR'S SIGNATURE

Effie S. Mellen

(Licensed Embalmer's Statement on Reverse Side)

F. T. A'Doubled M.D.  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MAY 31 1962

Permit issued 5-15-62

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

**Signed**

Licensed Embalmer No. 3312

P. O. Address Springfield, Mo.

Note: The above, MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.